WHAT RESULT DO WE WANT?

All people in North Carolina live in communities that support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.

X 1,000

WHY IS THIS IMPORTANT?

Teenage mothers are more likely to face higher rates of pregnancy-related morbidity, are less likely to receive prenatal care, and experience greater hardships that negatively impact their children's life and their own.

Number of births to females aged 15-19 per 1,000 population

WHAT DOES THIS INDICATOR MEASURE?

TEEN BIRTH RATE =

Number of births to women ages 15-19 years

Number of women ages 15-19 years

The data are produced annually using ages and counts from resident Birth Certificate data. The data are disaggregated by county, race, and perinatal care region. This indicator is often referred to as the fertility rate.

BASELINE DATA FROM HNC 2030

BASELINE **2018 18.7**

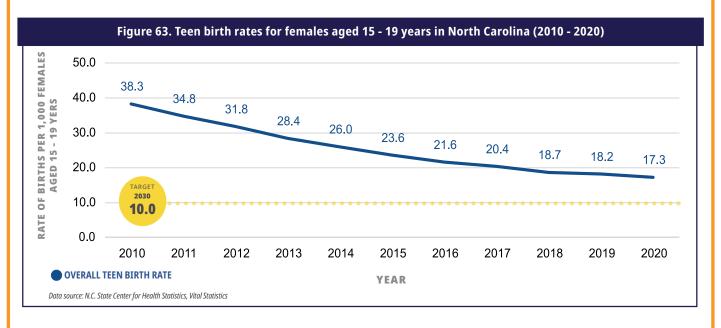
RECENT 2020 17.3

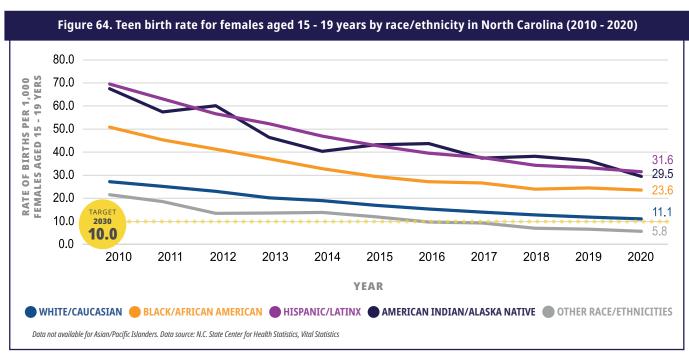
TARGET 2030 10.0

HOW ARE WE DOING?

- Births to females aged 15-19 years old have seen a steady decline across all race/ethnicities since 2010.
- Hispanic/Latinx and American Indian/Alaska Native teens have the highest rates of teen births.

CURRENT DATA TRENDED OVER TIME





THE STORY BEHIND THE CURVE

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing costs taxpayers in North Carolina over \$325 million annually, and nationally the annual cost is over \$9.4 billion. Additionally, pregnancy and birth are significant contributors to high school dropout rates among girls, with only about 50 percent of teen mothers receiving a high school diploma by age 22, compared to 90 percent of women who do not give birth as a teen. Teen mothers are also more likely to rely on public assistance, be poor as adults, and more likely to have children with poorer health outcomes over the course of their lives than children born to older mothers.

WHAT OTHER DATA DO WE NEED?

- Data to identify gaps in community services
- Data that helps providers better understand utilization of services

WHAT COULD WORK TO TURN THE CURVE?

- Increase access to educational programs for youth in juvenile justice and foster care to provide education about pregnancy and sexually transmitted infections (STIs)
- Increase payer coverage of post-partum long-acting contraception
- Increase same day access to a full array of contraceptive options in health care settings
- · Make contraceptives available in educational facilities
- Require that sex education curricula contain medically accurate information
- Review school sex education policies to ensure they contain information on avoiding teen pregnancy and sexually transmitted infections

RECOMMENDED READING/LISTENING

The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304563

NC PARTNERS WHO CAN HELP US

PARTNER/POTENTIAL PARTNER	WEBSITE LINK
Helping Each Adolescent Reach Their Spark (H.E.A.R.T.S)	https://www.heartsnc.org/
NC DHHS Adolescent Pregnancy Prevention Program	https://www.teenpregnancy.ncdhhs.gov/appp.htm
NC DHHS Personal Responsibility Education Program (PREPare) for Success	https://www.teenpregnancy.ncdhhs.gov/prep.htm
North Carolina Area Health Education Centers (NC AHEC)	https://www.ncahec.net/healthy-north-carolina-2030/
North Carolina School Health Training Center (NCSHTC) - ECU	https://hhp.ecu.edu/ncshtc/
Nurse-Family Partnership	https://www.nursefamilypartnership.org/
Sexual Health Initiatives for Teens (SHIFT) NC - Gaston Youth Connected	https://www.shiftnc.org/initiatives/gaston-youth-connected
Teen Health Connection	https://teenhealthconnection.org/teens-and-tots/



STATE HEALTH IMPROVEMENT PLAN HNC 2030 Indicators

CLINICAL CARE FACTORS

Uninsured	94-97
Primary Care Clinicians	98-103
Early Prenatal Care	104-107
Suicide Rate	108-110